|   |   |   |              |                                   |                     |                  |                 | Application or Docket Number |                        |        |                               |                        |  |
|---|---|---|--------------|-----------------------------------|---------------------|------------------|-----------------|------------------------------|------------------------|--------|-------------------------------|------------------------|--|
|   | PATENT  | 10 705-3 1(                               |              |                                   |                     |                  |                 |                              |                        |        |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |              |                                   |                     |                  |                 | SMALL ENTITY                 |                        |        | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TO  | TAL CLAIMS  |   | 2:5          |                                   | (00,                |                  |                 | RATE FEE                     |                        | 7      | RATE                          | FEE                    |  |
| FOR   |   |   | NUMBER FILED |                                   | NUM                 | BER EXTRA        | <del>}</del>    | BASIC FEE 385.00             |                        |        | BASIC FEE                     |                        |  |
| TOTAL CHARGEABLE CLAIMS   |   |   | 25 minus 20= |                                   | *                   |                  | X\$ 9= 45       |                              | 1                      | X\$18= | 110.00                        |                        |  |
| INDEPENDENT CLAIMS  |   |   | 7 minus 3 =  |                                   | * 1                 | ,                | -               |                              |                        | OR     |                               |                        |  |
| ML  | LTIPLE DEPEN  | NDENT CLAIM PI                            |              |                                   |                     |                  |                 |                              | 43                     | OR     | X86=                          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |              |                                   |                     |                  | +145            | ō=                           |                        | OR     | +290=                         |                        |  |
| - 11  |   | TOT                                       | ٩L           | 473                               | OR                  | TOTAL            |                 |                              |                        |        |                               |                        |  |
|   | CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |   |              |                                   |                     |                  | SMALL ENTITY OR |                              |                        |        | OTHER THAN SMALL ENTITY       |                        |  |
| AMENDMENT A   | 10/12/04  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUME<br>PREVIO<br>PAID I  | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA | RAT             | Ε                            | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | - 18                                      | Minus        | · 2                               | 5                   | = /              | X\$ 9           | =                            |                        | OR     | X\$18=                        |                        |  |
|   | Independent   | · 4                                       | Minus        | *** 4                             | 01.111              | -                | X43             | =                            |                        | OR     | X86=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                                   |                     |                  | +145            | =                            | -                      | OR.    | +290=                         | /                      |  |
|   |   |   |              |                                   |                     |                  |                 | TAL                          | •                      | OB     | TOTAL                         |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |              |                                   |                     |                  |                 | EE                           | 77.44                  |        | ADDIT. FEE                    |                        |  |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER                 | PRESENT<br>EXTRA | , RAT           | E                            | ADDI<br>TIONAL<br>FEE  |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **                                |                     | = .              | X\$ 9           | =                            |                        | OR     | X\$18=                        |                        |  |
|   | Independent   | *   | Minus        | ***                               | <u> </u>            | =                | X43:            |                              |                        | OR     | X86=                          |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |              |                                   |                     |                  |                 | =                            |                        | OR     | +290=                         |                        |  |
| · •   |   |   |              |                                   |                     |                  | TOT<br>ADDIT, F | AL<br>EE                     |                        | OR ,   | TOTAL<br>ADDIT. FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |   |   |              |                                   |                     |                  |                 |                              |                        |        |                               |                        |  |
| AMENDMENTC  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY          | PRESENT<br>EXTRA | RATE            |                              | ADDI-<br>TIONAL<br>FEE |        | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total   | *   | Minus        | **                                |                     | = .              | X\$ 9:          | . ]                          |                        | OR     | X\$18=                        |                        |  |
|   | Independent   | *   | Minus        | ***                               |                     | =                | X43=            | 1                            |                        | OR     | X86=                          |                        |  |
|   | FIRST PRESE   |   | +            |                                   | - [                 |                  |                 |                              |                        |        |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **OPLY FOR |   |   |              |                                   |                     |                  |                 |                              |                        | OR (   | +290=                         |                        |  |
| 1   | ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                                   |                     |                  |                 |                              |                        |        |                               |                        |  |